Announcement To all Infertility Prevention Project Participating Facilities

Changing of the assay method used to analyze the urogenital specimens submitted to the State Laboratory for chlamydia and gonorrhea detection

Dr Patrick Hays, Chief Virology Laboratory, DHEL
Pamela S. Barnum, Infertility Prevention Project Coordinator, HIV/STD Section

The State Laboratory is now completing a series of evaluations comparing nucleic acid amplified test (NAAT) procedures with our current Gen-Probe Pace 2 assay. Initial determinations have produced up to a 20% increase in detection of *Chlamydia trachomatis* among FP, PN and STD female clients. This data as well as other national studies and CDC guidelines has given us no choice but to change to a NAAT method as soon as possible. We are now initiating the required bid process with anticipation that implementation should occur during October 2001.

The new Amplified test has increased sensitivity (90.4%) over the DNA probe test (74%) which means we anticipate an increase from the current positivity rate which is 4.5%.

You will be required to purchase a new collection kit (both for females and males) since none of the NAAT methods can be used with the current PACE Gen-Probe collection system. We would suggest that you minimize your purchases of the current collection kits, because **we will be initiating this procedural change by the end of October at latest**.

There will be an increased cost to the laboratory associated with this change in methodology. With the new laboratory methodology, adherence to the screening criteria will be critical. Under the Region VII Infertility Prevention Project guidelines, the following individuals should be screened:

STD Clinics

Screen All Women

Prenatal Clinics

Screen All at First Visit

Re-Screen All Women Who Tested Positive at First Screen (must wait at least 3 weeks after completion of treatment)

Family Planning and All Other Clinics

All Women #24 years of age

All Women 25 and Older with at least one of the following:

Recent Contact to a Male with Urethritis, Known Chlamydia or Other STD Signs or Symptoms Suggesting Chlamydia Infection: Cervicitis, Urethritis, or Pelvic Inflammatory Disease (PID)

At a future date we will also validate urine based testing which will be available with the NAAT formats. If you have any questions concerning this procedural change please contact me at DHEL (785-296-1644).

SUPPLEMENT TO HIV/AIDS SURVEILLANCE

In December 2000, the Kansas Department of Health and Environment was awarded supplemental funds to participate in the behavior study known as the Supplement to HIV/AIDS Surveillance (SHAS) project. The SHAS Project is an interview study designed to obtain supplemental descriptive information on persons with the human immunodeficiency virus (HIV) infection or the acquired immunodeficiency syndrome (AIDS), who have been reported through routine surveillance to state or local health departments. The study began in 1990 and is conducted by state/local health departments funded by the Centers for Disease Control and Prevention (CDC) through competitive cooperative agreements. The information from this study supplements the information that is routinely collected through national HIV and AIDS surveillance activities. The information collected includes sexual and drug-using behaviors, health care access, HIV testing patterns, minority health issues, utilization of and adherence to therapies for HIV and HIV-related opportunistic illnesses, geographic differences (e.g., urban/rural comparisons), and disability related to HIV infection. Results from the project are used at the state/local level to inform health department policymakers, HIV community planning groups, and others involved in the development and evaluation of interventions to prevent HIV transmission and to provide services for persons with HIV disease.

The SHAS questionnaire is developed in consultation with the state/local SHAS project officers, CDC epidemiologists and subject area consultants (e.g. substance use, medical therapy, sexual behavior). The questionnaire is routinely revised to meet the changing needs for information. For the Year 2000 revision of the SHAS questionnaire, the following modules are included:

- Demographic/socioeconomic characteristics
- Drug use including injecting and non-injecting substance use
- Sexual behavior and sexually transmitted diseases
- Reproductive/gynecological history (for women only)
- HIV testing and medical therapy

The basic study design of the SHAS project is a cross-sectional interview study. HIV-infected persons $\geq$18 years of age and reported through surveillance to state/local health departments are eligible for the SHAS interview. Trained interviewers administer a standardized questionnaire developed in consultation with participating sites. SHAS participants in Kansas will receive $20 in cash for study participation.